

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 1-15, 2005**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 25, 2005	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: Asociacion Nacional Pro Personas Mayores		Organizational Unit:																													
Address (give city, county, State, and zip code): 234 E. Colorado Bl., Suite 300 Pasadena, CA 91101		Name and telephone number of person to be contacted on matters involving this application (give area code) Dr. Carmela G. Lacayo (626)564-1988																													
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 5 — 6 5 2 7 3 0 0 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; width: 20px; float: right;">N</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-Profit</u> </div> </div>																													
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> A. Increase Award D. Decrease Duration </div> <div style="width: 30%;"> B. Decrease Award Other(specify): </div> <div style="width: 30%;"> C. Increase Duration </div> </div>		9. NAME OF FEDERAL AGENCY: U.S. Department of Labor/ETA																													
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="text-align: right; margin-right: 50px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 7 — 2 3 5 </div> </div> TITLE:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: A proposal to conduct a SCSEP program in accordance with Title V of the Older Americans Act. The project will provide employment for eligible low income older persons 55+. Helping them develop new job skills - leading them to unsubsidized employment.																													
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): See attached list of slot allocations.																															
13. PROPOSED PROJECT Start Date: 7/1/05 Ending Date: 6/30/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant: Adam Schiff 29th District b. Project:																													
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?																													
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 10%; text-align: right;">7,689,923</td> <td style="width: 10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>854,436</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>8,544,359</td> <td>.00</td> </tr> </table>		a. Federal	\$	7,689,923	.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$	854,436	.00	f. Program Income	\$.00	g. TOTAL	\$	8,544,359	.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>07/25/05</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	7,689,923	.00																												
b. Applicant	\$.00																												
c. State	\$.00																												
d. Local	\$.00																												
e. Other	\$	854,436	.00																												
f. Program Income	\$.00																												
g. TOTAL	\$	8,544,359	.00																												
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																													
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																															
a. Type Name of Authorized Representative Dr. Carmela G. Lacayo		b. Title President/CEO																													
c. Telephone Number (626) 564-1988		d. Signature of Authorized Representative 																													
		e. Date Signed <u>07/27/2005</u>																													

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 28, 2005		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION Legal Name: Experience Works, Inc.		Organizational Unit: Experience Works, Inc.	
Address (give city, county, State, and zip code): 2200 Clarendon Blvd., Suite 1000 Arlington, VA 22201		Name and telephone number of person to be contacted on matters involving this application (give area code) Sally Boofer, 703-522-7272	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 5 2 — 0 8 1 7 9 5 5 </div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="text-align: right; border: 1px solid black; width: 30px; float: right; margin-top: -20px;">N</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Private Non-profit</u> </div> </div>
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8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;">A. Increase Award</div> <div style="width: 30%;">B. Decrease Award</div> <div style="width: 30%;">C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;">D. Decrease Duration</div> <div style="width: 60%;">Other(specify):</div> </div>	9. NAME OF FEDERAL AGENCY: US Dept. of Labor, ETA, Older Worker Division
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 10px;"> 1 7 — 2 3 5 </div> TITLE: Senior Community Service Employment Program	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Senior Community Service Employment Program (SCSEP), "This project will provide subsidized, part-time opportunities in community service employment for low income persons age 55 and over".
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Multiple counties - See Section 3 - Geographic Areas to be Served		13. PROPOSED PROJECT	
		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
7/1/05	6/30/06	Virginia, 8th District	Multiple

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	85,790,315 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>07/27/05</u> b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant	\$	⁰⁰	
c. State	\$	⁰⁰	
d. Local	\$	⁰⁰	
e. Other	\$	⁰⁰	
f. Program Income	\$	⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation.
g. TOTAL	\$	95,322,572 ⁰⁰	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Type Name of Authorized Representative Sally Boofer	b. Title Director of Program Operations	c. Telephone Number (703) 522-7272
d. Signature of Authorized Representative 		e. Date Signed 7/27/05

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 7/12/05	Applicant Identifier RA-93-2	
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION				
Legal Name:		Organizational Unit:		
City of Riverside		Department: Riverside Municipal Airport (RAL)		
Organizational DUNS: 114-432-008		Division:		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street:		Prefix: First Name:		
6951 Flight Road		Mark		
City: Riverside		Middle Name D.		
County: Riverside		Last Name Kranenburg, C.M.		
State: CA		Suffix:		
Zip Code 92504		Email: mkranenburg@riversideca.gov		
Country: USA		Phone Number (give area code)		
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Fax Number (give area code)		
95-6000769		(951) 351-6113		(951) 539-3570
8. TYPE OF APPLICATION:		7. TYPE OF APPLICANT: (See back of form for Application Types)		
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		C		
If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Other (specify)		
Other (specify)		9. NAME OF FEDERAL AGENCY:		
		Federal Aviation Administration		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
TITLE (Name of Program): Airport Improvement Program (AIP)		Update Airport Master Plan including NEPA review, Economic Impact Study, and Strategic Business Plan.		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):				
City of Riverside, Riverside, CA				
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:		
Start Date: 1/06		a. Applicant 43rd		
Ending Date: 5/07		b. Project 43rd		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 75,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$ 1,250.00	DATE: August 1, 2005		
c. State	\$ 23,750.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 500,000.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix		First Name Bradley		Middle Name J.
Last Name Hudson				Suffix
b. Title City Manager		c. Telephone Number (give area code) (951) 826-5761		
d. Signature of Authorized Representative		e. Date Signed		July 15, 2005

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Attest:

City Clerk

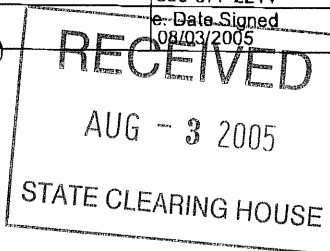
APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier		4. DATE RECEIVED BY FEDERAL AGENCY	
Federal Identifier		5. APPLICANT INFORMATION			
Legal Name: MOJAVE PUBLIC UTILITY DISTRICT			Organizational Unit: Department:		
Organizational DUNS: 194110540			Division:		
Address: Street: 15844 'K' STREET			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: MR First Name: LARUE		
City: MOJAVE			Middle Name: THANH		
County: KERN			Last Name: GRIFFIN		
State: CA		Zip Code: 93501		Suffix:	
Country: USA			Email: lgriffin@boyleengineering.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6002093			Phone Number (give area code) (661) 325-7253		Fax Number (give area code) (661) 395-0359
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) MUNICIPAL Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): WATER AND WASTE DISPOSAL LOAN AND GRANT PROGRAM			9. NAME OF FEDERAL AGENCY: USDA		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): MOJAVE			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: DESIGN AND CONSTRUCTION OF 5.0 MILLION GALLON WATER STORAGE TANK		
13. PROPOSED PROJECT Start Date: MARCH 1, 2006 Ending Date: JUNE 1, 2006			14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project		
15. ESTIMATED FUNDING: a. Federal \$ 2,506,880.00 b. Applicant \$.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 2,506,880.00			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix MR First Name BRUCE Middle Name Last Name GAINES Suffix b. Title GENERAL MANAGER c. Telephone Number (give area code) 661-824-4164 d. Signature of Authorized Representative [Signature] e. Date Signed 7/14/05			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 08/03/2005		Applicant Identifier	
<input checked="" type="checkbox"/> Construction		<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	
<input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Non-Construction		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: North Fork Community Development Council, Inc.			Organizational Unit: Department: Executive Management		
Organizational DUNS: 02-622-7350			Division:		
Address: Street: 57839 Road 225, P.O. Box 1484			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: North Fork			Prefix: Mr.		First Name: Irving
County: Madera			Middle Name N		
State: CA			Last Name Taylor		
Zip Code 93643			Suffix:		
Country: USA			Email: lvtaylor@northforkcdc.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0317248			Phone Number (give area code) 559-877-2244		Fax Number (give area code) 559-877-4267
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) O- Not for Profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Economic Development Initiative 14-246			9. NAME OF FEDERAL AGENCY: Department of Housing and Urban Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): North Fork, Madera County, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Industrial Park Development in North Fork, California		
13. PROPOSED PROJECT Start Date: 10/01/2005 Ending Date: 09/30/2008			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 19 b. Project 19		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	248,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/03/2005		
b. Applicant	\$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$				
g. TOTAL	\$	248,000			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Irving		Middle Name N	
Last Name Taylor				Suffix	
b. Title Executive Director				c. Telephone Number (give area code) 559-877-2244	
d. Signature of Authorized Representative				e. Date Signed 08/03/2005	

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Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 08/03/2005	Applicant Identifier
<input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: North Fork Community Development Council, Inc.		Organizational Unit: Department: Executive Management	
Organizational DUNS: 02-622-7350		Division:	
Address: Street: 57839 Road 225, P.O. Box 1484		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: North Fork		Prefix: Mr.	First Name: Irving
County: Madera		Middle Name N	
State: CA		Last Name Taylor	
Zip Code 93643	Suffix:		
Country: USA		Email: irvtaylor@northforkcdc.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0317248		Phone Number (give area code) 559-877-2244	Fax Number (give area code) 559-877-4267
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>		7. TYPE OF APPLICANT: (See back of form for Application Types) O- Not for Profit Organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Economic Development Initiative 14-246		9. NAME OF FEDERAL AGENCY: Department of Housing and Urban Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): North Fork, Madera County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Site Preparation and Construction of Related Water and Sewer Systems	
13. PROPOSED PROJECT Start Date: 10/01/2005 Ending Date: 09/30/2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 19 b. Project 19	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 248,000	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/03/2005	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$ 248,000	a. Authorized Representative	
Prefix Mr.		First Name Irving	
Last Name Taylor		Middle Name N	
b. Title Executive Director		Suffix	
d. Signature of Authorized Representative		c. Telephone Number (give area code) 559-877-2244	
Previous Edition Usable Authorized for Local Reproduction		e. Date Signed 08/03/2005	

RECEIVED

AUG - 3 2005

STATE CLEARING HOUSE

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

2. DATE SUBMITTED May 13, 2005	3. DATE RECEIVED BY STATE 5-13-05	4. DATE RECEIVED BY FEDERAL AGENCY	5. APPLICANT INFORMATION
Applicant Identifier	State Application Identifier	Federal Identifier	<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Pre-application <input type="checkbox"/> Non-Construction

Legal Name:	Housing Authority of the City of Soledad
Organizational DUNS:	645284749
Address:	121 Alder Street City: Soledad County: Monterey State: CA Zip Code: 93980
City:	Soledad
County:	Monterey
State:	CA
Zip Code:	93980
Phone Number (give area code):	(831) 775-5016
Fax Number (give area code):	(831) 775-5017
Email:	swarren@hamonterey.org
Surfix:	Warren
Last Name:	Warren
Middle Name:	
Prefix:	Ms
First Name:	Starla
Name and telephone number of person to be contacted on matters involving this application (give area code):	
Division:	
Department:	
Organizational Unit:	

8. TYPE OF APPLICATION:	<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (See back of form for description of letters.)
9. NAME OF FEDERAL AGENCY:	Public Housing Authority Other (specify below) N. Other (specified below)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	TITLE (Name of Program): Dept of Agric. - Rural Housing Services, Section 514 & 516 Farm Labor Housing 10-427 10-405
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	Housing Authority of the City of Soledad Barillo Street Farm Labor Center
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):	The City of Soledad (and the agricultural employers in Monterey County)
13. PROPOSED PROJECT	
14. CONGRESSIONAL DISTRICTS OF:	a. Applicant b. Project 17th District - Sam Farr 17th District - Sam Farr

15. ESTIMATED FUNDING:	Start Date: April 2006 Ending Date: March 2007
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 c. OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Federal	\$ 3,000,000
b. Applicant	\$ 2,600,000
c. State	\$ 11,154,347
d. Local	\$ 500,000
e. Other	\$ 97,555
f. Program Income	\$
g. TOTAL	\$ 17,351,902

Prefix	First Name	Middle Name	Last Name	a. Authorized Representative
	JOSE		GOMEZ	
b. Title	EXECUTIVE DIRECTOR			
d. Signature of Authorized Representative	J. Gomez			
c. Telephone Number (give area code)	(831) 775-5016			
e. Date Signed	MAY 11, 2005			

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED August 2, 2005	Applicant Identifier
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name City of Redlands		Organizational Unit Department Redlands Municipal Airport	
Organizational DUNS 094 712 205		Division	
Address Street 35 Cajon Street, Suite 15A		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix First Name Charlotte	
City Redlands		Middle Name A.	
County San Bernardino		Last Name Kranenburg	
State CA	Zip Code 92373	Suffix	
Country USA		Email ckranenburg@cityofredlands.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 95-6000766		Phone Number (give area code) 909-798-7668	Fax Number (give area code) 909-798-7670
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-106 TITLE (Name of Program) Airport Improvement Program (AIP)		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) City of Redlands, Redlands, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Update Airport Master Plan including NEPA review, Economic Impact Study, and Strategic Business Plan	
13. PROPOSED PROJECT Start Date 1/06 Ending Date 1/07		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 37 b. Project 37	
15. ESTIMATED FUNDING: a. Federal \$ 142,500 b. Applicant \$ 1,087 c. State \$ 6,413 d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 150,000		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: August 2, 2005 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
a. Authorized Representative Prefix First Name Susan Last Name Peppier b. Title Mayor c. Signature of Authorized Representative d. Date Signed Aug. 2, 2005			

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STATE CLEARING HOUSE

Standard Form 424 (Rev. 9-2003)
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APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 8-9-05	Applicant Identifier CA-03-0724
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE 8-9-05	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY 8-9-05	Federal Identifier 1685

5. APPLICANT INFORMATION

Legal Name: City of Redondo Beach		Organizational Unit: Department: Harbor, Business and Transit	
Organizational DLNS:		Division: Beach Cities Transit	
Address: Street: 415 Diamond Street		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Terisa	
City: Redondo Beach		Middle Name Lynn	
County: Los Angeles		Last Name Price	
State: CA	Zip Code 90277	Suffix:	
Country: United States		Email: terisa.price@redondo.org	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
95-6010767

Phone Number (give area code) 310-372-1171 ext 2670	Fax Number (give area code) 310-372-8021
--	---

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
If Revision, enter a appropriate letter(s) in box(es)
(See back of form for description of letters.)
Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)
C - Municipal
Other (specify)

9. NAME OF FEDERAL AGENCY:
FTA Capital Grants Program

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
TITLE (Name of Program): 20-500

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Design/Plans/Specifications for an Intermodal transit terminal servicing the western portion of the south bay subregion of Los Angeles

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
Redondo Beach

13. PROPOSED PROJECT
Start Date: 12/05 Ending Date: 6/06

14. CONGRESSIONAL DISTRICTS OF:
a. Applicant 36th Congressional District b. Project 36th Congressional District

15. ESTIMATED FUNDING:

a. Federal	\$	491,839
b. Applicant	\$	122,960
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	614,799

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
DATE: 8-9-05
b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Ms.	First Name Terisa	Middle Name Lynn
Last Name Price		Suffix
b. Title Transit Manager		c. Telephone Number (give area code) (310) 372-1171 ext 2670
d. Signature of Authorized Representative		e. Date Signed 8-9-05

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STATE CLEARING HOUSE

Standard Form 424 (Rev.9-2003)
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OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application ____ Construction <input checked="" type="checkbox"/> Nonconstruction		2. Date Submitted		Applicant Identifier	
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State		State Application Identifier	
6. Employer Identification Number (EIN): 68--0281986		4. Date Rec'd by Federal		Federal Identifier C9 96931105	
6. D U N S Number: 808321913		Organizational Unit: Division of Financial Assistance Name and telephone of person to be contacted on matters involving this application (give area code): Lauma Jurkevics (916) 341-5498			
8. Type of Application: ____ New <input checked="" type="checkbox"/> Revision _____ Continuation If Revision, enter appropriate letter(s): <u>A</u> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)			
10. Catalog of Federal Domestic Assistance Number 66.460 Title: Nonpoint Source Implementation Grants		9. Name of Federal Agency: U. S. Environmental Protection Agency			
12. Area Affected by Project: (cities, counties, states, etc.) California		11. Descriptive Title of Applicant's Project: Implement and coordinate activities and projects under the Clean Water Act, Section 319(h) for funding nonpoint source management projects.			
13. Proposed Project: Start Date 7/1/2005 End Date 6/30/2010		14. Congressional District of: Applicant: 3 Project: California - All			
15. ESTIMATED FUNDING: a. Federal \$1,542,748 b. Applicant \$0 c. State \$1,028,498 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$2,571,246		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/prcapplication was made available to the State EO 12372 process for review on: Date: August 11, 2005 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. Is the applicant delinquent on any Federal debt? ____ YES, attach explanation _____ NO			
a. Typed Name of Authorized Representative Celeste Cantu		b. Title: Executive Director		c. Telephone Number (916) 341-5615	
d. Signature of Authorized Representative				c. Date Signed:	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED <i>8/11/05</i>	Applicant Identifier 05-460	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION		Organizational Unit:	
Legal Name:		Department:	
City of Brisbane		Public Works	
Organizational DUNS: 967492711		Division: Water and Sewer	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 60 Park Place		Prefix:	First Name: Matthew
City: Brisbane		Middle Name Thomas	
County: San Mateo		Last Name Fabry	
State: CA		Suffix:	
Zip Code 94005		Email: mfabry@ci.brisbane.ca.us	
Country: USA		Phone Number (give area code) 415-508-2134	Fax Number (give area code) 415-467-5547
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <i>04-1525367</i>		7. TYPE OF APPLICANT: (See back of form for Application Types) C Other (specify)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency, Bruce Herbold - Project Officer	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <i>08-008</i>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Glen Parkway Sewer Replacement: Replace one segment of structurally deficient sewer line through pipe bursting technology. Crystal Springs Flow Regulators and SCADA Upgrade: Install automatic flow regulating system on six water turnouts to allow isolation of City's water system from San Francisco Public Utilities Commission system in emergency.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Brisbane		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 12 b. Project 12	
13. PROPOSED PROJECT Start Date: 10/1/05 Ending Date: 09/30/06		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <i>8/11/05</i> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING:		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal \$ 336,800.00			
b. Applicant \$ 287,284.00			
c. State \$ 0.00			
d. Local \$ 0.00			
e. Other \$ 0.00			
f. Program Income \$ 0.00			
g. TOTAL \$ 624,084.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name Randy	Middle Name	
Last Name Breault	Suffix P.E.		
b. Title Director of Public Works/City Engineer	c. Telephone Number (give area code) 415-508-2130		
d. Signature of Authorized Representative <i>Rd Breault</i>	e. Date Signed <i>8/11/05</i>		

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APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 08/17/2005	Applicant Identifier N/A	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT	
<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01570	

5. APPLICANT INFORMATION

Legal Name: California - Department of Parks and Recreation		Organizational Unit: Department: California Department of Park and Recreation	
Organizational DUNS: 172070807		Division: Office of Grants and Local Services	
Address: Street: PO Box 942896		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Sacramento		Prefix: Ms.	First Name: Betty
County: Sacramento		Middle Name	
State: California		Last Name Ettinger	
Zip Code 94296-0001	Suffix:		
Country: USA	Email: betti@parks.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0303606		Phone Number (give area code) (916) 651-8174	Fax Number (give area code) (916) 953-6511

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

A. State

Other (specify)

9. NAME OF FEDERAL AGENCY:
U.S. Department of Interior, National Park Service

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Carr Park Development
City of Glendale
1615 East Colorado Street
Glendale, CA 91250

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
15-916

TITLE (Name of Program): Land & Water Conservation Fund

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
06-49270

13. PROPOSED PROJECT

Start Date:	Ending Date:
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14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 03	b. Project 27
-----------------	---------------

15. ESTIMATED FUNDING:

a. Federal	\$	102,000.00
b. Applicant	\$	190,000.00
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	292,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE: 08/10/2005

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Ms.	First Name Ruth	Middle Name
Last Name Coleman	Suffix	
b. Title Director, Parks and Recreation	c. Telephone Number (give area code) (916) 653-7423	
d. Signature of Authorized Representative	e. Date Signed	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED May 31, 2005		Applicant Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Department of Toxic Substances Control			Organizational Unit: Hazardous Waste Management Program		
Organizational DUNS:			Department: ← Same		
Address:			Division:		
Street: 1001 I Street			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sacramento			Prefix:		First Name: Suzanne
County: Sacramento			Middle Name:		
State: California			Last Name: Holmes		
Zip Code: 95812			Suffix: Ms.		
Country: U.S.A.			Email: SHolmes@dtsc.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0281381			Phone Number (give area code) 916-324-8660		Fax Number (give area code) 916-327-4495
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			7. TYPE OF APPLICANT: (See back of form for Application Types)		
Other (specify)			State Fiscal Years 2005-08		
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-801			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Resource Conservation and Recovery Act (RCRA) Grant Fiscal Years 2005-08 Hazardous Waste Management Program		
TITLE (Name of Program): Hazardous Waste Management Waste Program Support					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc):					
13. PROPOSED PROJECT			14. CONGRESSIONAL DISTRICTS OF:		
Start Date: 7/1/05 Ending Date: 6/30/08			a. Applicant b. Project		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	23,002,221	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/15/05		
b. Applicant	\$	7,667,395	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$				
g. TOTAL	\$	30,669,616			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix: Mr.	First Name: Watson		Middle Name:		
Last Name:	Gin		Suffix:		
b. Title:	Deputy Director		c. Telephone Number (give area code): (916) 322-3501		
d. Signature of Authorized Representative:			e. Date Signed: JUNE 1, 2005		

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED June 8, 2005		Applicant Identifier	
1. TYPE OF SUBMISSION: Application		Pre-application		3. DATE RECEIVED BY STATE	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: Department of Toxic Substances Control		Organizational Unit: Hazardous Waste Management Program			
Organizational DUNS:		Department: ← Same			
Address:		Division:			
Street: 1001 I Street		Name and telephone number of person to be contacted on matters involving this application (give area code)			
City: Sacramento		Prefix:		First Name: Suzanne	
County: Sacramento		Middle Name:			
State: California		Zip Code: 95812		Last Name: Holmes	
Country: U.S.A.		Suffix: Ms.		Email: SHolmes@dtsc.ca.gov	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0281381		Phone Number (give area code) 916-324-8660		Fax Number (give area code) 916-327-4495	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Amendment #1		7. TYPE OF APPLICANT: (See back of form for Application Types) State Fiscal Years 2005-06			
Other (specify)		Other (specify)			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66-801		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Resource Conservation and Recovery Act (RCRA) Grant Fiscal Years 2005-08 Hazardous Waste Management Program			
TITLE (Name of Program): Hazardous Waste Management Waste Program Support					
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc):		9. NAME OF FEDERAL AGENCY:			
13. PROPOSED PROJECT Start Date: 7/1/05 Ending Date: 6/30/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project			
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 7,800,737	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/15/05			
b. Applicant	\$ 2,600,245	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372			
c. State	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
e. Other	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
f. Program Income	\$				
g. TOTAL	\$ 10,400,982				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.	First Name Watson	Middle Name			
Last Name	Gin	Suffix			
b. Title	Deputy Director	c. Telephone Number (give area code)		(916) 322-3501	
d. Signature of Authorized Representative		Date Signed		JUNE 9, 2005	